

MINOR SOURCE REGISTRATION FORM DEP 7039A

COMMONWEALTH OF KENTUCKY

Natural Resources and Environmental Protection Cabinet
Department for Environmental Protection

DIVISION FOR AIR QUALITY

803 Schenkel Lane
Frankfort, Kentucky 40601
Ph. (502) 573-3382 Fax. (502) 573-3787

1 <input type="checkbox"/>	Check this box if you are a new source submitting a registration pursuant to 401 KAR 52:070, Section 3(1).
2 <input type="checkbox"/>	Check this box if you are already registered and are making a change pursuant to 401 KAR 52:070, Section 3(2)(a).
3 <input type="checkbox"/>	Check this box if you do not have a permit or registration and have been instructed to submit a registration form by a representative of the cabinet, pursuant to 401 KAR 52:070, Section 4.
4 <input type="checkbox"/>	Check this box if you currently have a permit and are requesting the cabinet to rescind your permit pursuant to 401 KAR 52:070, Section 5.

If you checked box #1, #3, or #4, complete all four Sections.

If you checked box #2, complete Sections 1 and 4, and provide only that information which relates to the change in Section 3.

SECTION 1. GENERAL INFORMATION

Company Contact: <input type="text"/>					Title: <input type="text"/>					Telephone No.: <input type="text"/>																			
Company Name: <input type="text"/>										D&B (DUNS) No.: <input type="text"/>																			
Company Street Address: <input type="text"/>										KyEIS # <input type="text"/> FINDS # <input type="text"/>																			
City: <input type="text"/>					State: <input type="text"/>		Zip: <input type="text"/>					# of employees: : <input type="text"/>					Primary SIC #: <input type="text"/> NAICS#: <input type="text"/>												
Plant Contact: <input type="text"/>										Title: <input type="text"/>										Telephone No.: <input type="text"/>									
Plant Name: <input type="text"/>																													
City: <input type="text"/>										Plant Street Address: <input type="text"/>																			
										State: <input type="text"/>					ZIP: <input type="text"/>														

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SECTION 2: SOURCE LOCATION

Location of plant:

County:

Area Around Plant : ☐ Commercial ☐ Residential ☐ Industrial ☐ Industrial Park ☐ Rural ☐ Urban

Approximate distance to nearest residence or commercial property:

UTM or Standard Location Coordinates

UTM Coordinates:	Zone: __	Horizontal (km) ____.____	Vertical (km) ____.____	
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Latitude: _____ degrees _____ minutes _____ seconds

Standard Coordinates: Longitude: _____ degrees _____ minutes _____ seconds

SECTION 3: EMISSION UNIT INFORMATION

If you have fewer than 100 employees and are independently owned, you may contact the Kentucky Business Environmental Assistance Program to assist you in completing this Section (Phone 800-562-2327). If you have 100 or more employees, or are not independently owned, assistance is available from the Division for Air Quality, Emissions Inventory Section, at (502) 573-3382.

List each stack or vent through which air pollutants are emitted to the outside air, assigning each stack or vent a number. Attach additional sheets if necessary.

Stack or Vent Number (2 digits)	Stack Height or Height of Release (ft)	Diameter (ft.)	Temperature (° F)	Flow Rate (ACFM)
__	_____	____.____	_____	_____
__	_____	____.____	_____	_____
__	_____	____.____	_____	_____
__	_____	____.____	_____	_____
__	_____	____.____	_____	_____

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List and assign a number to each emission unit. Identify units of measurement for Production / Usage Rates (e.g., gallons, thousands of gallons, pounds, tons). For coal or oil combustion, include sulfur, ash, and heat content. Attach additional sheets if necessary.

Stack or Vent Number <i>from above, used by the Emission Unit</i> (if none, write none)	Emission Unit Number (2 digits)	SCC code (if known)	Process Description	Maximum Annual Production / Usage Rate	Actual Annual Production / Usage Rate	Maximum Hourly Production / Usage Rate (NOTE: Attach all applicable MSDS sheets)

Provide the following information to identify the pollutants emitted from each emission unit. Use additional sheets if necessary.

[illegible]

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For each emission unit, provide the following information regarding the regulatory requirements. Attach additional sheets if necessary.

Emission Unit Number (from above)	Regulatory Citation	Method for demonstrating compliance with regulatory requirement.
_ _	401KAR _ _ : _ _ _	
_ _	401KAR _ _ : _ _ _	
_ _	401KAR _ _ : _ _ _	
_ _	401KAR _ _ : _ _ _	
_ _	401KAR _ _ : _ _ _	
_ _	401KAR _ _ : _ _ _	

SECTION 4: CERTIFICATION AND SUBMITTAL

The following certification must be signed by the owner or operator of the source, or by a designated representative of the owner.

I certify that, following reasonable inquiry and to the best of my knowledge, the information contained in this document is complete and accurate.

Signature:

Date:

Print Name:

Title:

Mail or fax the completed registration form and all required attachments to the Kentucky Division for Air Quality; Attn: EIS Section; 803 Schenkel Lane; Frankfort, Ky 40601; Fax No. (502) 573-3787.

Issued

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